IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF PUERTO RICO

IN RE:	CASE NO. 13-05258-MCF
RAISSA BUXO DIAZ	CHARTER 7
DEBTOR	CHAPTER 7

DEBTOR'S MOTION AND NOTICE OF FILING OF AMENDED SCHEDULES "I" & "J" AND CERTIFICATE OF SERVICE

TO THE HONORABLE COURT:

NOW COMES, RAISSA BUXO DIAZ, debtor in the above captioned case, through the undersigned attorney, and very respectfully states and prays as follows:

- 1. The debtor is hereby submitting **Amended** *Schedules* "I" & "J", dated September 6, 2014, herewith and attached to this motion.
- 2. These amendments to Schedules "I" & "J" are filed to <u>state debtor's actual</u> <u>incomes and expenses.</u>

NOTICE PURSUANT TO LOCAL BANKRUPTCY RULE 1009(b)

Within thirty (30) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

Page -2-Notice of Amended Schedules "I" & "J" Case no. 13-05258-MCF7

CERTIFICATE OF SERVICE

I CERTIFY, that on this same date a copy of this Notice was filed with the Clerk of the Court using the CM/ECF system which will send notice of same to the Chapter 7 Trustee, the US Trustee's Office, and all CM/ECF participants; I also certify that a copy of this notice was sent via regular US mail to the debtor and to all creditors and interested parties appearing in the master address list, hereby attached.

RESPECTFULLY SUBMITTED. In San Juan, Puerto Rico, this 6th day of September, 2014.

/s/ Roberto Figueroa Carrasquillo ROBERTO FIGUEROA CARRASQUILLO USDC #203614 ATTORNEY FOR PETITIONER PO BOX 186 CAGUAS PR 00726 TEL NO 787-744-7699 FAX 787-746-5294 Email: rfigueroa@rfclawpr.com

Fill in this information to identify	your case:			
Debtor 1 RAISSA BUXO DIA	Middle Name	Last Name	7	
Debtor 2		Last Name		
(Spouse, I filing) Frst Name	Middle Name	Last Name		
United States Bankruptcy Court for the:	District of Puerto Rico			
Case number 3:13-bk-5258 (If known)			Check if the	
		100		nended filing plement showing post-petition
Medicine (Medicine) as an artist and artists				er 13 income as of the following date:
Official Form 6I			MM / D	DD / YYYY
Schedule I: You	ır Income			12/13
supplying correct information. If yo	ou are married and not f use is not filing with you top of any additional pa	iling jointly, and yo	our spouse is living with y formation about your spo	or 2), both are equally responsible for you, include information about your spouse use. If more space is needed, attach a known). Answer every question.
Fill in your employment information.		Debtor 1		Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	Employed	ved .	☐ Employed ☐ Not employed
Include part-time, seasonal, or self-employed work.	Occupation	Supervisor		
Occupation may Include student or homemaker, if it applies.	Occupation			
	Employer's name	Oficina Servi	cio Antelacion Juicio	
	Employer's address	Box 195469 Number Street		Number Street
		San Juan, PR	00919-5469 State ZIP Code	City State ZIP Code
	How long employed th	ere? <u>17 years</u>	•	***************************************
Part 2- Give Details About	Monthly Income			
		rm. If you have noth	ing to report for any line, we	rite \$0 in the space. Include your non-filing
spouse unless you are separated If you or your non-filing spouse habelow. If you need more space, a	ave more than one employ	yer, combine the info		70 of U. ♥ DOY DODGED OF BOOKINE
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	parate of foot to		For Debtor 1	For Debtor 2 or non-filing spouse
List monthly gross wages, sale deductions). If not paid monthly,	ary, and commissions (b calculate what the month	pefore all payroll ly wage would be.	2. \$ 2,650.00	\$
3. Estimate and list monthly over	time pay.		3. +\$0.00	+ \$
4. Calculate gross income. Add li	ne 2 + line 3.		4. \$ <u>2,650.00</u>	\$

Official Form 6

Case:13-05258-MCF7 Doc#:34 Filed:09/06/14 Entered:09/06/14 20:28:05 Desc: Main Document Page 4 of 12

Debtor 1

RAISSA BUXO DIAZ			Case number (if known) 3:13-bk-5258
rst Name	Middle Name	Last Name	

	For Debtor 1 For Debtor 2 or non-filing spouse			
Copy line 4 here				
5. List all payroll deductions:				
5a. Tax, Medicare, and Social Security deductions	5a. \$ 91.72 \$			
5b. Mandatory contributions for retirement plans				
5c. Voluntary contributions for retirement plans	5b. \$5c. \$			
5d. Required repayments of retirement fund loans	5d. \$\$			
5e. Insurance	5e. \$\$			
5f. Domestic support obligations	51 0 000			
Strate investment from the strategies of the strategies of the strategies over	0.00			
5g. Union dues	99.			
5h. Other deductions. Specify: See Schedule Attached	5h. +\$951.56_ + \$			
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +	-5h. 6. \$ <u>1,043.28</u> \$			
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$1,606.72 \$			
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm				
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$\$			
8b. Interest and dividends	8b. \$ 0.00 \$			
8c. Family support payments that you, a non-filing spouse, or a deperegularly receive	endent			
Include aimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$			
8d. Unemployment compensation	8d. \$\$			
8e. Social Security	8e. \$			
8f. Other government assistance that you regularly receive				
Include cash assistance and the value (if known) of any non-cash ass that you receive, such as food stamps (benefits under the Supplemen Nutrition Assistance Program) or housing subsidies.	tal \$			
Specify:	8f.			
8g. Pension or retirement income	8g. \$			
8h. Other monthly income. Specify: See Schedule Attached	8h. <u>+\$187.34</u>			
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9. \$ 187.34 \$			
0. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,794.06 + \$ = \$ 1,794.06			
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.				
Do not include any amounts already included in lines 2-10 or amounts that	are not available to pay expenses listed in Schedule J.			
Specify:	11. + \$0.00			
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined morthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined				
13. Do you expect an increase or decrease within the year after you file t	monthly income			
Yes. Explain: None				

Case:13-05258-MCF7 Doc#:34 Filed:09/06/14 Entered:09/06/14 20:28:05 Desc: Main Document Page 5 of 12

IN RE BUXO DIAZ, RAISSA

Case No. 3:13-bk-5258

Debtor(s)

AMENDED SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S) Continuation Sheet - Page 1 of 1

Other Payroll Deductions:	DEBTOR	SPOUSE
Fed OASDI/Disability EE	164.30	
GPR Retiro Hibrido	265.00	
SI-Seg Incap Obligatorio	6.62	
Sm-First Medical	355.00	
Dm-Fondos Unidos	2.00	
Sc-Coop De Seguros De Vida	54.50	
AE-Seguro Por Muerte Asoc ELA	10.00	
Ahorros-AEELA	79.50	
Fed OASDI/Disability EE (Diferencial Temporero)	6.20	
Fed FICA Med Hospital Ins / EE (Diferencial Temporero)	1.44	
PR Withholding (Diferencial Temporero)	7.00	
Other monthly income:		
Christmas Bonus \$1,048./12	87.34	
Diferencial Temporero	100.00	

Case:13-05258-MCF7 Doc#:34 Filed:09/06/14 Entered:09/06/14 20:28:05 Desc: Main Document Page 6 of 12

Fill in this information to identify your case:			
Debtor 1 RAISSA BUXO DIAZ			
First Name Middle Name Last Name	Check if this	5 0.50	
Debtor 2 (Spouse, if fiting) First Name Middle Name Last Name	An amer		
United States Bankruptcy Court for the: District of Puerto Rico		ement showing postess as of the following	
Case number 3:13-bk-5258	MM / DD		,
(If known)	To endeated the presentant	ate filing for Debtor:	2 because Debtor 2
Official Form 6J	maintain	is a separate house	hold
Schedule J: Your Expenses			12/13
Be as complete and accurate as possible. If two married people are fili information. If more space is needed, attach another sheet to this form (if known). Answer every question.	ng together, both are equally re . On the top of any additional pa	sponsible for supply ages, write your nam	ing correct e and case number
Part 1: Describe Your Household			
1. Is this a joint case?			
✓ No. Go to line 2.☐ Yes. Does Debtor 2 live in a separate household?			
□ No□ Yes. Debtor 2 must file a separate Schedule J.			
2. Do you have dependents?	Dependent's relations his to	D	2
Do not list Debtor 1 and Debtor 2. Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	De pend ent's ag e	Does dependent live with you?
Do not state the dependents' names.	Son	13	No Yes
names.	Son	11	□ No
	0011		⊻ Yes
		-	□ No
			Yes
			☐ No ☐ Yes
			□ No
			☐ Yes
3. Do your expenses include expenses of people other than yourself and your dependents?			
Part 2: Estimate Your Ongoing Monthly Expenses			
Estimate your expenses as of your bankruptcy filing date unless you are expenses as of a date after the bankruptcy is filed. If this is a supplement	e using this form as a supplem ntal <i>Schedule J</i> , check the box	ent in a Chapter 13 o at the top of the form	ase to report and fill in the
applicable date.			
Include expenses paid for with non-cash government assistance if you			
such assistance and have included it on Schedule I: Your Income (Office	1000000 - 10000000000000000000000000000	Your expe	nses
 The rental or home ownership expenses for your residence. Include any rent for the ground or lot. 	first mortgage payments and	4. \$0.0	00
If not included in line 4:			
4a. Real estate taxes		4a. \$0.0	00
4b. Property, homeowner's, or renter's insurance		4b. \$0.0	00
4c. Home maintenance, repair, and upkeep expenses		4c. \$ 20.	00
4d. Homeowner's association or condominium dues		4d \$ 0.0	00

Case:13-05258-MCF7 Doc#:34 Filed:09/06/14 Entered:09/06/14 20:28:05 Desc: Main Document Page 7 of 12

Debtor 1 RAISSA BUXO DIAZ
First Name Middle Name Last Name Case number (if known) 3:13-bk-5258

тишпор				
Different was			Your	expenses
5	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6				
	6a. Electricity, heat, natural gas	60	\$	151 60
	6b. Water, sewer, garbage collection	6a.	Φ	151.68
DAY CONTRACTOR	6c. Telephone, cell phone, Internet, satellite, and cable services	6b.	φ	30.69 125.00
	6d. Other. Specify: See Schedule Attached	6c.	\$	43.34
7	Food and housekeeping supplies	6d.	Φ	
8.		7.	\$	500.00
9.		8.	\$	0.00
10.		9.	\$	60.00
11.	The state of the s	10.	\$	25.00
100	Transportation. Include gas, maintenance, bus or train fare.	11.	\$	30.00
12.	Do not include car payments.	12.	\$	140.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	50.00
14.	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance.	17.	Ψ	0.00
	Do not include insurance deducted from your pay or included in lines 4 or 20.			
#E392000000	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	0.00
ALTO COLUMNIC DE LA COLUMNICATION DE LA COLUMN	15d. Other insurance. Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	Spedfy:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	0.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
The state of the s	17 c. Other. Specify:	17c.	\$	0.00
THE COLUMN TWO IS NOT	17d. Other. Specify:	17d.	\$	0.00
18	Your payments of alimony, maintenance, and support that you did not report as deducted from	170.	×	
10.	your pay on line 5, Schedule I, Your Income (Official Form 61).	18.	\$	0.00
19	Other payments you make to support others who do not live with you.			
	Specify:	19.	\$	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income			
No. of Lot, Lot, Lot, Lot, Lot, Lot, Lot, Lot,	20a. Mortgages on other property	. 20 a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20b.	\$	0.00
COMMUNICOCCU	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

Case:13-05258-MCF7 Doc#:34 Filed:09/06/14 Entered:09/06/14 20:28:05 Desc: Main Document Page 8 of 12

Debtor 1	RAISSA BUXO DIAZ First Name Middle Name Last Name Case number (if M	nown) 3:1:	3-bk-52	58	_
	Last retire				
21. Ot h	r. Specify: See Schedule Attached	21.	+\$	618.35	
22. Yo u	monthly expenses. Add lines 4 through 21.				
The	esult is your monthly expenses.	22.	\$	1,794.06	
23. Calc	late your monthly net income.				
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	1,794.06	
23b.	Copy your monthly expenses from line 22 above.	23b.	-\$	1,794.06	
23c.	Subtract your monthly expenses from your monthly income.				
	The result is your monthly net income.	23c.	\$	0.00	
24. Do y	u expect an increase or decrease in your expenses within the year after you file this form?				
For e	cample, do you expect to finish paying for your car loan within the year or do you expect your age payment to increase or decrease because of a modification to the terms of your mortgage?				
□ N					
Y	S. None	***************************************			

				PERSONAL PROPERTY.	
				THE PARTY NAMED IN COLUMN TO THE PARTY NAMED	
		······································	Official and a common free common com	The state of the s	

Case:13-05258-MCF7 Doc#:34 Filed:09/06/14 Entered:09/06/14 20:28:05 Desc: Main Document Page 9 of 12

IN	RE	BUXO	DIAZ,	RAISSA
		***************************************		***************************************

Case No. 3:13-bk-5258

Debtor(s)

AMENDED SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) Continuation Sheet - Page 1 of 1

Sometime Short Tage 1 of 1		
Other Utilities Internet Gas \$100./12	35.00 8.34	
Other Expenses Lunch At Work Barber/Beauty Children School Tuition (Monthly) \$340.X10months=\$3,400./12 Children School Enrolment \$820./12 Back To School \$2.000/12	40.00 60.00 283.34 68.34	
Dack 10 School \$2,000/12	166.67	

Doc#:34 Filed:09/06/14 Entered:09/06/14 20:28:05 Case:13-05258-MCF7 Document

Debtor(s)

Page 10 of 12

B6 Declaration (Official Form 6 - Declaration) (12/07)

IN RE BUXO DIAZ, RAISSA

Case No. 3:13-bk-5258

(If known)

Desc: Main

AMENDED DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATIO	N UNDER PENALTY OF PERJURY BY INDIV	VIDUAL DEBTOR schedules "I am
I declare under penalty of perjury that I h true and correct to the best of my knowle	ave read the foregoing summary and schedules, codge, information, and belief.	onsisting of sheets, and that they are
Date: 9.6.2014	Signature: RAISSA BUXO DIAZ	Debtor
Date:	Signature:	
		(Joint Debtor, if any) [If joint case, both spouses must sign.]
DECLARATION AND SIGNATU	RE OF NON-ATTORNEY BANKRUPTCY PETITIC	ON PREPARER (See 11 U.S.C. § 110)
and 342 (b); and, (3) if rules or guidelines ha	am a bankruptcy petition preparer as defined in 11 ith a copy of this document and the notices and informative been promulgated pursuant to 11 U.S.C. § 110(h) statement of the maximum amount before preparing the ction.	ation required under 11 U.S.C. §§ 110(b), 110(h),
Printed or Typed Name and Title, if any, of Bankrup If the bankruptcy petition preparer is not an responsible person, or partner who signs the design of the second	individual, state the name, title (if any) address, and	Social Security No. (Required by 11 U.S.C. § 110.) I social security number of the officer, principal,
Address		
Signature of Bankruptcy Petition Preparer		Date
Names and Social Security numbers of all other is not an individual:	individuals who prepared or assisted in preparing this o	document, unless the bankruptcy petition preparer
If more than one person prepared this docume	nt, attach additional signed sheets conforming to the a	appropriate Official Form for each person.
A bankruptcy petition preparer's failure to conimprisonment or both. 11 U.S.C. § 110; 18 U	aply with the provision of title 11 and the Federal Rule $S.C.\$ 156.	s of Bankruptcy Procedure may result in fines or
DECLARATION UNDER PE	NALTY OF PERJURY ON BEHALF OF CORP	ORATION OR PARTNERSHIP
I, the	(the president or other officer or	r an authorized agent of the corporation or a
member or an authorized agent of the part (corporation or partnership) named as deb	nership) of the	that I have read the foregoing summary and
Date:	Signature:	

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Case:13-05258-MCF7 Doc#:34 Filed:09/06/14 Entered:09/06/14 20:28:05 Desc: Main Document Page 11 of 12

Label Matrix for local noticing 0104-3 Case 13-05258-MCF7 District of Puerto Rico Old San Juan Wed Sep 3 15:09:08 AST 2014

US Bankruptcy Court District of P.R.

Jose V Toledo Fed Bldg & US Courthouse
300 Recinto Sur Street, Room 109
San Juan, PR 00901-1964

AT&T Mobility Puerto Rico, Inc % AT&T Services, Inc Karen Cavagnaro, Paralegal One AT&T Way, Room 3A104 Bedminster, NJ 07921-2693

CICA COLLECTION AGENCY, INC. CLARO PO BOX 12338 SAN JUAN, PR 00914-0338

CLARO PO BOX 70366 SAN JUAN, PR 00936-8366

ENHANCED RECOVERY CO L 8014 BAYBERRY RD JACKSONVILLE, FL 32256-7412

Midland Funding LLC by American InfoSource LP as agent ATTN: Department 1 PO Box 4457 Houston, TX 77210-4457

PR ACQUISITIONS LLC PO BOX 194499 SAN JUAN PR 00919-4499

VIRTUOSO SOURCING GROUP 4500 CHERRY CREEK SOUTH DENVER, CO 80246-1531

RAISSA BUXO DIAZ VERDE MAR 731 28 STREET PUNTA SANTIAGO, PR 00741-2127 Midland Funding LLC by American InfoSource L ATTN: Department 1 PO Box 4457 Houston, TX 77210-4457

ASOCIACION EMPLEADOS ELA PO BOX 364508 SAN JUAN, PR 00936-4508

ATT PO BOX 192830 SAN JUAN, PR 00919-2830

CITIFINANCIAL PO BOX 499 HANOVER, MD 21076-0499

COOP A/C YABUCOA BOX #1 YABUCOA, PR 00767-0001

KOMODIDAD DISTRIBUTORS PO BOX 6359 CAGUAS, PR 00726-6359

NATIONWIDE RECOVERY SYSTEMS 2304 TARPLEY RD STE 134 CARROLLTON, TX 75006-2470

(p) PORTFOLIO RECOVERY ASSOCIATES LLC PO BOX 41067 NORFOLK VA 23541-1067

MONSITA LECAROZ ARRIBAS
OFFICE OF THE US TRUSTEE (UST)
OCHOA BUILDING
500 TANCA STREET SUITE 301
SAN JUAN, PR 00901

ROBERTO FIGUEROA CARRASQUILLO PO BOX 186 CAGUAS, PR 00726-0186 UNITED STATES TRUSTEE 500 TANCA ST STE 301 SAN JUAN, PR 00901-1922

AT&T 5407 ANDREWS HWY MIDLAND, TX 79706-2851

CACH LLC CITIFINANCIAL INC 4340 S MONACO ST UNIT 2 DENVER, CO 80237-3408

CLARO
METRO OFFICE PARK FLOOR 2
GUAYNABO, PR 00966

Department of Treasury-Bankruptcy Section (Suite 1504) 235 Ave. Arterial Hostos San Juan Puerto Rico 00918-1451

LEONARD & ASSOCIATES PSC PO BOX 366220 SAN JUAN, PR 00936-6220

OPERATING PARTNERS CHRYSLER FINANCIAL PO BOX 194499 SAN JUAN, PR 00919-4499

TEAM COLLECTION SERVICES INC PMB 420 BOX 6022 CAROLINA PR 00988-6022

NOEMI LANDRAU RIVERA CHAPTER 7 TRUSTEE PO BOX 270219 SAN JUAN, PR 00928-3019

Case:13-05258-MCF7 Doc#:34 Filed:09/06/14 Entered:09/06/14 20:28:05 Desc: Main Document Page 12 of 12

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g) (4).

Portfolio Recovery Associates, LLC End of Label Matrix
PO Box 12914 Mailable recipients 28
Norfolk VA 23541 Bypassed recipients 0
Total 28